LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IV. LOUISVILLE, OCTOBER 20, 1877. No. 16.

MEDICAL SCHOLARSHIP.

Scholarship is not the first quality in either physician or medical writer. The first thing in the practitioner is to cure his patients; and if the matter of the writer be good and his sense clear, we may dispense with grace of manner and even overlook grammatical blunders. Of all writers those on medicine are the least to be tied down to the Horatian rule of keeping their productions nine years on hand. What they have to impart to their brethren must be communicated when it is fresh. If they wait too long, some one will be before them, and they will lose the credit of novelty. And they must write when the matter presses, *vita invita Minerva;* and, writing under the pressure of other business, they must often write hurriedly, and send off their lucubrations without careful revision. It would be hypercritical to note inaccuracies of expression or blemishes of rhetoric in such papers.

But when a teacher sits down to write we not unreasonably expect some show of scholarship, especially if his subject be one of science. We look not only for clearness and accuracy, but for some polish of style, and certainly have a right to complain of bad English. What is to be said of a medical professor who, for example, uses the plural noun and singular verb, and the singular noun and plural verb, thus: "I am not one of those who *writes;*" "the force of the remarks *seem* to be." We have such a paper in one of our exchanges before our eyes; and the author writes not only M. D., but "professor of physiology," after his name. He is writing on the circulation of the blood, and admits that he knew nothing of the writings of Dunglison, as he shows that he did not know how to spell the name of a popular physiologist of the day. When informed by one of his critics that Dunglison had long before published views which he was setting forth as new and original, he replies that, "though a teacher of physiology himself," he was not aware that such was the fact, and adds that any how "Dunglison is not authority now. The text-books," he continues, "such as Flint, Carpenter, Dalton, and *Kirk* make no mention of the fact." This is bad enough; but he goes on to say, "To prove that it was almost forgotten, I have *restrayed* off into the paths of error, and had forgotten what was originally accepted as a truth." And still the writer is highly pleased with his performance. He is as "perfectly satisfied" as if he had written something "new," and thinks he "deserves equally as much credit." He glories in his exposure.

Certainly we are averse to disturbing so serene a satisfaction. Such "bliss" ought to be indulged. It is not every mind that is capable of enjoying it. We have stopped a moment to refer to the case because it strikes us as a most remarkable one. Our impression is that we never, in any paper of the same length, published in any journal, upon any subject, encountered so many errors and so much stuff. It should be a caution to young writers to regard a little, as Dean Swift advises, "the propriety and disposition of their words, consult the grammatical part, and get some information on the subjects they intend to treat." It may be that when the critics take hold of them they will not have the happy temper of our "professor" to sustain them, but will feel

chargrined at finding how little they know of the history of medical science, and even of the first principles of English grammar.

WILL readers of this journal do us the favor to let us know by postal-card how much they crave to read the "proceedings of societies"? We have an idea that, beyond two or three hundred medical associations which we could name, a knowledge of the business of those learned bodies is not absolutely necessary to proper professional life. Upon one matter at least we are decided—that when Dr. I., Dr. J., Dr. K., or Dr. L. rises to a point of order (and they seldom rise to any other), posterity will freely forgive the secretary if he fails to record the fact.

PSYCHOLOGICAL.—Hard as the judgments of the world are supposed to be, crowded as all spheres of action appear, lack of employment, want, and misery, are three times out of four self-invited. What Webster said of the legal profession—"there 's plenty of room higher up"—is true of all callings. True independence—a wish to learn, to do, to succeed—will succeed ninety-nine times out of a hundred. And it is because the world is so full of idiocy instead of independence, of ignorance and idleness instead of earnest desire to know and to do, that fate bears to such an extent the blame due to justice.—*Confucius.*

Original.

ABSCESS OF THE BRAIN, THE RESULT OF CHRONIC OTITIS MEDIA.

BY M. F. COOMES, M.D.,

Demonstrator of Anatomy and Clinical Lecturer on Diseases of the Ear, Throat, and Nose in Hospital College of Medicine, Louisville, Ky.

Mr. ——, aged twenty years, white, railroad clerk, at the age of six or seven years had an attack of acute catarrhal inflammation of both drum-cavities, which left him partially deaf in both ears. The acute inflammation became chronic, and his ears were never free from purulent discharge. He called upon me in November, 1874, to examine his ears. The right one at that time was discharging a small quantity of very offensive pus through a large opening near the center of the membrana tympani. The perforation on the left side was in the posterior superior portion of the drum-membrane, and the quantity of pus discharged from this ear was much greater than that of the right. This was his "good ear," as he called it, while his hearing on the opposite side was very limited.

In connection with the chronic otitis media, he was suffering with a very aggravated form of chronic naso-pharyngeal catarrh, which he refused to let me treat; and in consequence of the refusal I declined to have any thing more to do with the case, as I believed it useless to attempt to cure the ears with the nose and pharynx in a diseased condition.

I saw no more of him until June 7, 1877. His condition then was as follows: the right ear had ceased to annoy him, was free from any discharge, and was the one which he depended upon for several months previous to his death. He stated that his left ear had pained him severely for the ten days previous, and that for the last two days he had been unable to walk straight, and was very dizzy.

Upon examining the ear I found it very tender, the whole drum-cavity being in a state of acute inflammatory action. There was a considerable discharge of sanguino-purulent matter, and a loss of the power of co-ordination. There was a fungous growth projecting through an opening in the posterior superior portion of the membrana tympani. His nose and pharynx were also in a very bad condition from the effects of the catarrhal inflammation which still existed. The catarrh received proper attention, the ear was cleansed by means of the catheter and air-bag, and soothing astringents applied. The fungus was not disturbed

on account of the excessive tenderness. I removed a portion of the fungous growth on the morning of the 13th, and there was no material change until the night of the 14th about ten o'clock, when he was preparing to retire, and very suddenly fell to the floor apparently in a lifeless condition. He soon regained the power of motion, and in a few moments was seized with a severe convulsion, which subsided to a limited extent, and was soon followed by another and another, and so on till the next morning at seven o'clock, the whole number being estimated by my friend Dr. C. B. Blackburn at one hundred in the nine hours. His actions during the convulsions were those of a madman, tearing himself and every thing that came in his way. The physician was unable to ascertain who had been treating him, and in consequence of that fact was unable to get any thing like a definite history of the case to guide him in treatment or diagnosis. Opiates and other agents that were used during the night to allay his suffering were almost useless.

My friend Dr. D. S. Reynolds was sent for at seven o'clock A. M. on the 15th, and introduced an Eustachian catheter, and blew out a large quantity of sanguino-purulent matter, which gave the patient great relief, and enabled him to speak and recognize his friends. He was totally deaf, and his vision very imperfect, with polyopia. The pulse was rapid, irregular, and the breathing stertorous. He rested quiet till one P. M., when he aroused and took some broth. Half an hour later he was threatened with another convulsion. I used the catheter and air-bag, with a similar result to that obtained in the morning. Soon after this the polyopia disappeared, and he became much more quiet. There was frequent vomiting with great thirst in the afternoon; but late in the evening all this passed off, and he had a good night.

At six o'clock A. M. on the 16th he was again threatened with convulsions, and complained of dizziness and headache, which were promptly relieved by the catheter and air-bag. He rested well the remainder of the day.

The night of the 16th was passed quietly, but early in the morning the patient became uncomfortable, and for the first time the temperature was sufficient to indicate that something new had been added. This and other evidences of septicæmia were sufficient to warrant full doses of quinine and iodide of potassium, which were administered and increased as necessary. The Eustachian tube became so perfectly closed as to exclude the passage of air. The obstruction proved to be an adventitious membrane stretched across the tympanal orifice of the tube. A small piece of bone, two lines in width and three in breadth, was removed from the drum-cavity through the opening before mentioned.

The night of the 17th was passed quietly, and from this time on the patient improved rapidly until the morning of the 22d, when he was again threatened with convulsions. The Eustachian tube being closed, suction was resorted to for the purpose of removing the pus, which gave prompt relief. In the afternoon I removed as much of the fungous growth before mentioned as I could with a pair of forceps which I devised for such purposes. The removal of this mass gave him marked relief, and the patient improved and gained strength till July 6th, when his face became paralyzed on the same side of the affected ear. His condition fluctuated then for several days; being comfortable sometimes for twenty-four or forty-eight hours, and then for the same length of time it would be necessary to keep him under the influence of an opiate to allay pain. The morbid growth which protruded from the drum-cavity grew very rapidly, and it was necessary to remove portions of it frequently. I say portions, because it was so situated as to render its complete removal an impossibility.

Electrolysis was tried upon the fungous growth, July 12th, 13th, and 16th, with the effect of lessening the tumor at the first two sittings, without any pain, and with considerable temporary relief. At the third sitting

he was wholly unable to tolerate the current on account of the intense pain and dizziness which it produced. After this he became very irritable, the demand for relief from pain was urgent, and the patient was almost driven to suicide.

On the 19th of July, in consultation with Drs. Holloway and Reynolds, it was determined to trephine the mastoid process. The following morning at eight o'clock it was done, and the cells freely opened. There was nothing save rather an abnormal quantity of dark blood. While he was under the influence of the anæsthetic a large portion of the morbid growth was removed.

The tumor pulsated during the last three weeks of the patient's illness, but it was not ascertained whether the pulsations were synchronous with those of the heart or not.

July 21st: Patient rested well during the night. Temperature 101½° at nine A. M., and 98½° at seven P. M.

July 22d: Passed an uncomfortable night, unable to rest without an opiate; was more comfortable on the morning of the 23d, and from this time until the night of the 26th he improved rapidly.

About eleven P. M. on the 26th he become suddenly worse, and in a short time was blind, deaf, and speechless.

July 27th: At nine A. M. temperature 102°; at one P. M. 101½°; at half past five P. M. 105°. He was very restless during the night.

July 28th: Was able to speak; took milk very freely, and rested quiet during remainder of the day. At eight A. M. temperature 103½°; at seven P. M. 103°.

July 29th: In the afternoon he asked to see a minister; and after an interview with the spiritual counsellor he became perfectly quiet, and remained so during the night. Temperature at nine A. M. 103½°; at twelve M. 104°; at six P. M. 104½°.

July 30th: Temperature at half past seven A. M. 102½°; at twelve M. 104°; at two P. M. 105½°.

From the 22d to the 30th the only medicine he got was whisky and tinct. of valerian. This kept him quiet and comfortable.

July 31st: He complained of severe pains in the head and stomach. The whisky and valerian, which had proven so efficient for the few days past, were of no avail, and I ordered forty grains bromide of potassium and twenty grains hydrate of chloral to be given every hour until this had the desired effect; and this was about the only medicine used from that on.

August 1st: Temperature at six A. M. 102°; at twelve M. 105½°; at seven P. M. 105½°.

August 2d: At five A. M. the temperature was 103½°; at twelve M. 105½°; at five P. M. 106°; at eight P. M. 104½°.

August 3d: At seven A. M. temperature 103½°; at twelve M. 105°; at eight P. M. 104°.

August 4th: At seven A. M. temperature 104½°; at twelve M. 105°; at eight P. M. 106°.

August 5th: At seven A. M. temperature 105°; at twelve M. 105°; at four P. M. 106½°. Has had no medicine since eight P. M. the 4th; slept well during the night; has taken nothing in the way of nutriment but milk for the last six days. Articulation has been difficult for the last forty-eight hours, and his intellect very much disturbed. At times he has been partially delirious, wanting to leave the room, and did get up and walk across the floor twice, on the 6th, with very little assistance.

August 6th: At eight A. M. temperature 101½°; at twelve M. 104½°; at seven P. M. 105½°; at eleven P. M. 106½°.

August 7th: He grew worse in the latter part of the night of the 6th, and became insensible about ten A. M. to-day. At eight A. M. temperature 104½°; at half past one P. M. 104°; at nine P. M. 103½°. He failed very rapidly from eleven P. M., and expired at half past one A. M. on the 8th.

At no time during his illness was there any regular relation between pulse and temperature. I have seen his pulse seventy per minute with a temperature of 104½°, and again I have seen his pulse one hundred and twenty per minute with a temperature of 101½°.

Post-mortem eight hours after death re-

vealed the following changes: There was a large blood-clot between the dura mater and the brain, opposite the center of the squamous portion of the temporal bone. There was a considerable quantity of pus between dura mater and the cranial wall in the region of the temporal bone. There was a large abscess in that portion of the brain immediately over the lateral sinus and opposite the aquæductus vestibuli. The vessels passing through the above-mentioned opening, and the structures passing through the meatus auditorius internus, were very much inflamed, and was the medium through which the inflammation was transmitted to the brain. The abscess contained about six drachms of light greenish pus. The plate of bone which partially covers the aquæductus vestibuli was necrosed to such an extent as to be removed by the slightest touch. The outer wall of the superior vertical semi-circular canal was destroyed, and it communicated with the cranial cavity. The outer wall of the lateral semi-circular canal was also destroyed, which established a communication between the internal ear and the drum-cavity and mastoid cells, the opening being situated at the point where the drum-cavity and the mastoid cells communicate.

The morbid growth spoken of in the case sprung from the surface of the bone where the lateral semi-circular canal communicated with the two cavities mentioned above. The incus was not to be found; the malleus and stapes were in position. About one third of the membrana tympani was destroyed. The tympanic orifice of the Eustachian tube was entirely closed by a transparent membrane. The bony wall between the facial nerve and the drum-cavity was destroyed. The whole cellular structure of the temporal bone was very much inflamed. The glenoid cavity of the temporal bone was involved, and the condyle of the lower jaw also. There was a quantity of pus around the condyle.

Microscopic examination of the morbid growth proved it to be a rapidly-growing mucous polypus.

A CASE OF SPINA BIFIDA, FOLLOWED BY SPONTANEOUS CURE.

BY EDW. VON DONHOFF,
Visiting Surgeon Louisville City Hospital.

Nannie Bell J., aged two years; born in Louisville, on the 8th of July, 1875; labor easy, though this was the first child. At the time of birth a large fluctuating tumor, equaling the size of the child's head, was noticed in the posterior cervical region, at a point corresponding to the spinous process of the fifth cervical vertebra. The tumor was not sensitive to the touch and did not seem to change in appearance or size until about nine months after the birth of the child. At this time some inflammation occurring in the tumor resulted in desquamation of its surface and the establishment of small fistulous openings, through which a thin, milky fluid was at first discharged and subsequently pus. The attention of the attending physician being directed to the child's condition, this gentleman made an incision into the growth and injected the sac with iodine. This treatment was not followed by other than negative results, the tumor failing to be permanently removed by it. In less than a week afterward the incision had healed and the discharge ceased, and the sac had refilled. Since that time the tumor has gradually approached its present size and condition.

The child presents a passibly well-nourished appearance; is nervous and fretful and easily frightened. A tumor about the size of a large hen-egg is situate over the region of the fifth and sixth cervical vertebræ and their interspinous space. Its surface is irregular, made so apparently as the result of cicatricial contraction of the skin. It is very sensitive to pressure, this procedure eliciting a sharp cry from the little patient. Elasticity but no fluctuation is discoverable. The resiliency is not like that of a fatty growth, being less doughy. The tumor is not movable, and is attached by a pedicle (well-defined) originating from the S. P. The connection between the sac and the

spinal canal has been completely obliterated. Its color may be likened to a bluish pink, similar to that of young cicatricial structure.

Since the child began to walk the mother has noticed evidence of spinal weakness, which exhibited itself as ordinarily—langor, easily exhausted, general malaise, and a habit of supporting the weight of the body on the hand placed on the knee whilst the child stooped to pick up an object.

An examination of the spine discovers a sensitive, bulging spot corresponding to the site of the twelfth dorsal and first and second lumbar vertebræ. The spinous processes of the vertebræ named describe a lateral curvature, the convexity looking to the left side. No lameness or disposition to favor either limb is noticed. Auscultation and percussion do not elicit any evidence of visceral disease. No syphilitic history can be obtained.

Diagnosis.—Spina bifida which has undergone spontaneous cure, the communication between the tumor-sac and canal being completely obliterated and the tumor having degenerated into a fibro-neurotic one. In addition, the little patient has incipient Potts' disease, which will be likely to develop more in time.

Treatment.—The plan of treatment proposed was the amputation of the tumor with the galvano-cautery, and subsequently the application of the manila-paper dressing for the spinal trouble.

Remarks.—The case recorded above is one of exceptional interest, illustrating, as it does, a form of spina bifida which is both rare and curable. The situation of the tumor, its history from the birth of the child, its behavior under treatment of a venturesome kind, its present appearance and nature, its accessibility to surgical treatment (most probably successful), all combine to surround the case with unusual points of practical moment.

N. B.—I am indebted to Dr. W. H. Barnard, of the house-staff of the City Hospital, for valuable notes of this case.

LOUISVILLE.

Correspondence.

VACCINATION AND VARICELLA.

To the Editors of the Louisville Medical News:

There were three children in a family: A, aged seven years; B, aged three years; and C, three months. A was vaccinated in infancy, and presents an excellent scar. Two weeks ago B was vaccinated in three places, C in two, with matter twice removed from the cow. The vaccinations ran an ordinary course up to the ninth day, sores developing precisely according to rule. B had rather undue fever on the fifth day. On the ninth day B had four or five papular eruptions on the arm and face, which were thought due to the vaccination. On the tenth day, however, they had increased to fifty or sixty in number, and were vesicular. On the same day a similar eruption made its appearance on A. C had nothing, except a very sore arm, to result from the vaccinations. A and B have the same nurse, and are close companions; C is separated from them most of the time.

These cases are related as showing a curious coincidence of vaccinia and varicella running their courses together. In a conversation with Dr. Hewitt upon the above subject, he told me of an instance where vaccinia and variola ran together. A man, eight days after exposure to small-pox, was vaccinated, and the virus "took" well. Four days after he had been vaccinated he was taken with the initial fever of variola, and while this was in the pustular stage the vaccinia was scabbing.

C.

DOES THE HAIR GROW AFTER DEATH?

To the Editors of the Louisville Medical News:

Dr. Caldwell's testimony to the possibility of the growth of the human hair after death is the first authoritative recognition I have seen of a fact that has been known to me for forty years, and which *ought* to be known to many connected with our old cemeteries.

About the year 1835–7 some workmen,

who were digging (for a sewer, I think) on the Fourth Street side of the present Washington Square, New York city—the burial-place, I was told, of many victims of the last visitation of the yellow fever—uncovered and exposed at least a dozen coffins, between the joints at top and bottom of which hair more than a foot long outside, and of the color and appearance of flax or tow, had made its way. The date of these burials, or of the last fever, I can not give, but from the appearance of the wood I supposed it had lain in earth about twenty years. I think the site had been a "Potter's Field."

Not then imagining but that such facts were matters of common knowledge, I took no pains to verify the facts, nor to preserve the hair, but upon mentioning them subsequently to many medical men, I have uniformly received the same answer: that I must be mistaken; that the hair dies with the body, etc. Now, however, that there is some chance of the truth prevailing, I wish to add my evidence.

T. D. LOWTHER.

117 Twenty-first St., Chicago.

Miscellany.

THE DIRECT METHOD OF ARTIFICIAL RESPIRATION.—The Doctor, under the head of Medical Topics at Manchester, publishes the following:

Dr. Benjamin Howard, of New York, had a paper on this subject, in which, having pointed out what he believed to be the defects of other plans, described his own. In this, the "direct method," in order to dispose of accumulations in the stomach or chest, the patient, being turned face downward, a firm bolster beneath the epigastrium made that the highest, the mouth the lowest point. Pressure being made on the back, the object was accomplished by both ejection and drainage. The patient, stripped to his waist, being quickly turned upon his back, the bolster was placed beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest points of the body, the hips, shoulders, and occiput barely resting on the ground. The patient's wrists were seized, and the utmost possible extension being secured with them crossed behind his head, they were pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger armed with the corner of a dry pocket-handkerchief, the tip of the tongue was withdrawn and held out of the extreme right corner of the mouth. (If a boy were at hand, both wrists and tongue might be confided to his care.) In this position two thirds of the entrance of the mouth were free. The epiglottis, by this backward curvature of the neck, was precluded from the pressure often caused by undue flexion. The head, as Nélaton urged, was dependent; the free margins of the costal cartilages were as prominent as they could be made. By crossing the wrists the latissimi dorsi were brought further into play than usual, and there was a fixed thoracic expansion, which Dr. Howard believed unattainable in any other manner. The epigastrium being the highest point, the diaphragm was neither embarrassed from pressure above nor below. To produce respiration the operator knelt astride the patient's hips, and rested the half of each thumb upon corresponding costo-xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator threw the whole weight of his body slowly and steadily forward until his mouth nearly touched the mouth of the patient, and while one might slowly count one, two, three; then *suddenly*, by a final push, he sprang back to his first position on his knees; remain there where one might slowly count one, two; then repeat, and so on about eight or ten times a minute. The resiliency of the ribs insured an instant rebound to the point of departure. The operation was not fatiguing, the force employed being the weight of the operator, who remained in an easy position, with alternations of complete rest. It could be practiced by any body any where,

before or after division of the funis; in a bath, bed, or boat; and friction, electricity, insufflation, or tracheotomy could be practiced simultaneously without inconvenience.

WHEN NOT TO GIVE IRON.—In the current number of the Practitioner Dr. Milner Fothergill has contributed a few practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is as well to withhold chalybeates altogether. This is particularly true of phthisis. No matter what the other indications are, it is useless and sometimes worse than useless to give it without the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer's Indian experience is in full accord with this expression of opinion. In speaking of the treatment of hepatic congestion, accompanied by anæmia, he lays stress upon the resort to purgatives and vegetable tonics and the avoidance of iron until the biliary congestion is removed. "When the portal circulation is relieved some preparation of iron may be useful."

When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated this blackening is not so marked. The color of the stools, then, may be utilized as an indicator as to how far chalybeates are assimilated and are likely to be useful.

There are two different states in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the several vascular turgescence of the menstrual period comes, it will not find the blood-vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood-waste will be economised. According to the experience of Dr. Brown-Séquard and Dr. Hughlings Jackson iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.—*Press and Circular.*

"WHAT LIGHT TO USE?"—This is a question of daily concern with house-keepers, and it is extremely difficult to answer in a way which in the long run proves satisfactory. Gas is undoubtedly injurious to health of body and perfection of sight. The carbonized and sulphuretted atmosphere pervading rooms wherein gas is consumed—or, more accurately, half burnt—can not fail to affect the throat and air-passages unfavorably, even if this mischief goes no further, which we fear too often happens. It is possible that the prevalence of pulmonary affections in the last half century may be in some way connected with the extended use of gas in the large work-shops, places of public resort, and private houses. The vitiated air has also an irritating effect on the surface of the eye, if not upon the organ itself. Most of the substitutes for gas for use in lamps are either dangerous, difficult

of manipulation, uncleanly, or emit a disagreeable odor during combustion. Candles give a light intolerable after the use of gas, unless employed in numbers too great and costly for domestic purposes. What is to be done? Science has not yet furnished us with a cheap and practicable magnesium or electric light. The latter will probably be the light of the future. Would it not be worth while for inventors to concentrate their ingenuity on this last-mentioned agent of illumination, with a view to devise some method by which it might be applied in a diminutive form for the purpose of lighting apartments of small dimensions? It can scarcely be impossible that a luminous point of moderate size, capable of diffusion by properly-adjusted reflectors, should be obtained without either excessive cost or insuperable difficulty. We fancy the apparent impracticability of the feat of ingenuity required is in great part due to the fact that the problem has not yet been attempted at close quarters and upon a moderate scale.—*Lancet.*

How to Take Care of the Teeth.—Some time ago the Odontographic Society of Philadelphia offered a prize for the best essay on the care of the teeth, the same to be published for the benefit of the public. The prize was awarded for the following rules for preserving the teeth:

1. Cleanse your teeth once, or oftener, every day. Always cleanse them before retiring at night. Always pick the teeth and rinse the mouth after eating.

2. Cleansing the teeth consists in thoroughly removing every particle of foreign substance from around the teeth and gums.

3. To cleanse, use well-made brushes, soft quill or wood toothpicks, an *antacid styptic toothwash*, and *precipitated chalk*. If these means fail apply to a reliable dentist.

4. Always roll the brush up and down lengthwise of the teeth, by which means you may avoid injuring the gums and necks of the teeth, and more thoroughly cleanse between them.

5. Never use a dentrifice containing acid, alkali, charcoal, soap, salt, or any gritty or powerful detersive substance.

6. Powders and pastes generally are objectionable. They injure the gums and soft parts of the teeth, and greatly assist in forming tartar. A wash properly medicated and carefully prepared is pleasanter and more beneficial. It dissolves the injurious secretions and deposits, and the whole is readily removed with the brush and water.

7. Avoid eating hot food. Thoroughly masticate and insalivate the food before swallowing it. Frequent indulgence in sweetmeats, etc., between regular meals disturbs the process of digestion, and a viscid secretion is deposited in the mouth (from the stomach) which is very injurious to the teeth.

8. Parents, carefully attend to your children's second dentition. Gently prevail on them at an early age to visit at frequent intervals a careful and skillful operator.

Remember that four of the permanent double teeth come in at about the age of six years. They are very liable to decay early, are very large, and should never be allowed to require extracting.

Children do not "shed" their teeth as they did in former ages. Instead of being trained to masticate nutritious food they are tempted with and allowed to "gulp down" delicacies, hot cakes, hot beverages, etc. Thus, by depriving the teeth of their natural function and overtasking the stomach, a morbid condition of the general system is produced; the "first teeth" are prematurely decayed and the permanent set are not matured at the proper period of dentition. The consequences are terrible.

9. Never allow any one to extract a tooth or to dissuade you from having them filled unless absolutely necessary. Many so-called dentists, actuated by selfish motives, advise extracting, and sacrifice teeth which competent operators can render serviceable for many years.

10. Carelessness and procrastination are responsible for a large majority of teeth that are lost.—*Boston Journal of Chemistry.*

TAYUYA: A NEW REMEDY IN SYPHILIS.—M. L. Faraoni, in a pamphlet published in the course of last year, states that Ubicini found in Brazil a tribe who suffered much from lues venerea, and who employed with success in this disease a plant having the local name of "Tayuya." The plant (Dermophylla pendulina) belongs to the family of Cucurbitaceæ, and grows in the primeval forests of Brazil. The alcoholic extract of the root is the part employed, and it may be injected subcutaneously in doses of fifteen grains. It is almost always successful, relapses are rare, and mercury and iodine are practically rendered unnecessary.—*Lancet.*

Dr. G. E. FENWICK, a leading physician of Montreal and Actorum Custos of the Provincial College of Physicians and Surgeons, and Dr. E. D. Worthington, of Sherbrooke, have been arrested on a charge of forgery. The French Canadian doctors were about to "capture" the organization, and the English wished to secure all the votes or proxies they could; accordingly it is charged a false certificate of examination and membership was issued to a physician who never appeared before the board.—*New York World.*

Selections.

Contracture of the Anus in Children.—An interesting article on this subject, by Dr. A. Kjellberg, appeared in a recent number of Nordiskt Medicinskt Arkiv. The following is an abstract of Dr. K.'s article, translated by John A. Octerlony, M. D., Louisville, Ky.:

The author prefers the term "contracture" to "fissure" of the anus, because it gives a more accurate idea of the nature of the disease, the spasm being a more essential element than the fissure. Since Boyer first described it, this disease, as it manifests itself in adults, has been thoroughly studied; but it is different as regards contracture of the anus in children, for it has been erroneously believed that in them this trouble is exceedingly rare. Bouchut and Alf. Vogel, however, mention it. Abelin and Gautier were the first to express any opposition to the common opinion; they, like the author, had ascertained that this disease is not at all rare in children, nor even infants at the breast.

The author's field of observation was the Children's Hospital in Stockholm and the Policlinic attached to it. In order to ascertain the frequency of the disease, he collected all the cases applying at the Policlinic during the years 1871–76, and arranged them according to the age of the patients. It was found that among 9,098 sick children (4,389 boys, 4,709 girls) treated at the Policlinic, contracture of the anus was present in 128 cases (60 boys, 68 girls). The greatest number was observed among children aged one year and under—103 cases (50 boys, 53 girls). The total number of sick children of this age was 3,371 (1,805 boys and 1,566 girls). The first four months gave the largest relative frequency of the disease, viz., 73 cases (39 boys, 34 girls), among 1,704 patients of this age treated (954 boys and 750 girls). This gives a ratio of 4.28 per cent (4.08 for the male and 4.53 for the female children) during the first four months of life, 3.06 per cent during the first year (2.77 for boys and 3.39 for girls), and for children without regard to their age 1.40 per cent (1.36 for boys and 1.44 for girls). The author's conclusions, based upon his tables, are: that contracture of the anus is not at all rare in children; the disease is most frequently observed in children under one year old, and especially during the first four months, and a little more frequently in girls than in boys.

That the frequency of this disease has remained so long unappreciated, is in part explained by the fact that it is often enough congenital, as stated by Boyer long ago. Congenital contraction of the anus is seated either at the *external* or at the *internal* sphincter, the latter being the most uncommon. In either case the child suffers from birth from obstinate constipation, which has to be treated with purgatives or enemata, and defecation causes severe pain, particularly if the contraction is seated at the *sphincter externum.* On introducing the little finger the muscle offers a decided obstacle, and it causes marked pain to the patient. When the contracture is about the internal sphincter the obstruction is met with from one to two centimeters above the anal orifice, in the form of a ring, tightly grasping the end of the finger introduced into the rectum. Forced dilatation is much more easy of execution in these cases than in contracture at the external sphincter, which is explained by the inferior development and force of the internal sphincter.

The use of rectal suppositories as palliatives for existing constipation may induce a radical cure of the contracture through the force employed in their introduction; and it is possible that a spontaneous cure may take place later on, when the fæces become quite hard and their expulsion produces the neces-

sary degree of dilatation. Those cases in children where, obstinate constipation having existed from birth, the evacuations after a few months become natural, may perhaps be explained in this way.

Six cases of congenital contracture of the sphincter internum are reported, and it is shown that in these there was not partial occlusion from arrested development of the rectum, but contraction of muscular fiber.

Acquired contracture always has its seat at the external sphincter. Six cases, occurring in children of tender age, are related in full. The symptoms are the same as in adults suffering from this disease, although not so violent. There is always pain, but it is less intense because the relative force of the muscle is far less in children than in adults. The pain may also implicate other parts more or less remote; at any rate micturition is sometimes difficult. Constipation is often, but not always, present; the same is true of fissures. The anal orifice is firmly closed, which renders the introduction of the finger difficult and painful to the patient. According to Dr. K. fissures and contracture may exist separately; and when both are present in the same case, which is most common, it is not always possible to decide which is the primary and which the secondary trouble. The contracture should always be regarded as the essential disease which is to be treated first of all.

As contracture may exist, although the evacuations are not hard and sometimes even when they are quite thin, it is necessary to carefully examine the anus of children suffering from chronic intestinal catarrh. It is necessary to treat this complication, for every evacuation aggravates the sufferings of the child so long as the contracture remains.

Dr. K. is of opinion that intestinal catarrh may induce contracture of the sphincter, especially when the catarrh affects the lower part of the colon. Irritation of the muscular fibers of the colon and rectum may easily provoke irritation and therefore contracture of the sphincter.

If diarrhea is followed by constipation, the etiology becomes still more clear. On the other side erosions around the anus may act in the same way, and so also with fissures. Obstinate constipation, ascarides, vermiculares, etc., are also to be counted among the causes of contracture.

In somewhat older children the symptoms are the same as those in adults, although rather less serious—constipation, pain, great aversion to go to stool, and, if there be fissure, occasional slight hemorrhage after voiding hard fæces. The constricting ring can be easily felt on introducing the finger.

M. Maisonneuve's method is the treatment recommended. Forced dilatation is certain of success, quickly performed, and free from danger. In children it is sufficient to rapidly introduce the whole length of the index finger, well oiled, into the anus, allowing it to remain a few moments. In older children one finger may prove insufficient, and then it is necessary to introduce both little fingers in succession, and then to make distention as in adults. Proper means must be used to secure soft evacuations after the operation, and cleanliness must be strictly enjoined.

The operation is not of sufficient importance, and it is so quickly performed that recourse to anæsthesia is not required; on the contrary, it is especially in this operation upon children that it might be dangerous by inducing syncope, as already suggested by M. Ducamps.—*American Practitioner.*

Colocynth for Abdominal Pain.—Dr. James I. Tucker writes to the Chicago Medical Journal and Examiner: "I state without fear of successful controversion that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, providing it be used in the proper dose. I refer to simple but nevertheless distressing idiopathic pain, so to speak; pain due to excessive stimulation of the nerves engaged in keeping up the harmonious rhythm of the vermicular movement of the bowels. In such cases I employ not the solid extract, but the *tincture;* and I use the tincture in such small quantities that I expect to meet a large amount of incredulity growing out of *a priori* conclusions. But why, pray, if ipecac in minute doses can allay nausea and vomiting, may not colocynth in small doses allay the very griping which in large doses it is capable of producing? I use only just so much of the tincture as to render the excipient—generally water—slightly bitter. In teaspoonful doses, repeated *pro re nata*, I have seen the most speedy relief from very violent griping. Now, since therapeutics is the ultimate aim of classical or humanitarian medicine, I hope much more attention will be paid hereafter to the hitherto unutilized virtues of drugs which have been supposed to have but a very limited applicability. It will be found that our methods of ascertaining the therapeutical possibilities of drugs are lamentably meager, and without honest original research we bow too willingly to the shrine of supposititious authority. The truly medicinal properties of many of the drugs in common use lie latent, dormant, and neglected, ready at any time to grow and bud and blossom, like the germinal principle which was at last discovered in the wheat grains found in the Egyptian catacombs. It is the duty of every practitioner to contribute the results of his experience to the common store of knowledge; not, indeed, to tell us what misery he can occasion by doses of this or that, but how far this or that has contributed, by a careful artistic application, to alleviate the sufferings of mankind. The basis of observation has been hitherto very inade-

quate; but the time is coming—nay, is already here—when the action of drugs may be ascertained with mathematical accuracy. I mean by the neurological method of therapeutics. To this fact, and to the other virtues of the bitter cucumber, which are an illustration of this fact, I now endeavor to call the attention of the medical profession. Therapeutics resting on a neurological basis is to be the therapeutics of the future."

How to Disguise the Bitter Taste of Quinine.—Lester Curtis, M. D., sends the following to the Chicago Journal. The aromatic elixir of licorice will be found a perfect disguise, and is convenient:

Some substance which would effectually disguise the taste of quinine and other bitter medicines has been a great desideratum. Such a substance has been found in glycyrrhizine, which is merely the sweet principle of licorice rendered soluble by ammonia. An elixir containing this substance has been used, which is prepared according to the following formula:

℞	Powdered coriander.....	ãã gr. cviij;
	Powdered caraway.....	
	Powdered cinnamon	gr. xciij;
	Powdered star anise.....	ãã gr. lxij;
	Powdered tonqua.....	
	Powdered canilla.....	ãã gr. xxxj;
	Powdered nutmegs	
	Powdered cloves	
	Ammoniacal glycyrrhizine ...	℥j gr. cxl;
	Oil of orange, fresh.....	gr. xxxj;
	Alcohol	ãã fl.℥ xvj;
	Water	
	Syrup.....	fl.℥ xlviij.

The aromatics are placed in a percolator and exhausted with a menstruum composed of the oil of orange, alcohol, and water; the percolate is mixed with the syrup; the glycyrrhizine, dissolved in a small quantity of boiling water, is mixed with the liquid, and water added to make the whole mixture five pints.

The method of using the elixir is to pour out a small quantity, say a dessertspoonful, add the quinine in powder, mix and swallow, and then follow with a small quantity of the elixir.

Cæsarean Section after Death—Delivery of a Living Child.—Dr. Buckell, of Winchester, reported to the Obstetrical Society of London (Medical Times and Gazette) the notes of, and showed the viscera of a case in which Cæsarean section was performed twenty to thirty minutes after death. The child was saved. The mother died suddenly of dilatation of the aorta, rendering the aortic valves incompetent. At the post-mortem examination the visceræ of the chest and abdomen were found to be transposed. The president thought the case of interest, as showing that a child could be recovered a considerable time after the death of the mother. Dr. Aveling said that it is believed that a child may be born alive an hour after the mother's death. Dr. Playfair said he knew of one case in which a live child was born half an hour after the death of the mother. Dr. Routh said that much depended on the cause of the mother's death. He had performed Cæsarean section in a case of death from apoplexy, but the child was dead from carbonized blood. Dr. Daly saw Cæsarean section done twenty minutes after rupture of the uterus, but the child was dead.—*Amer. Jour. Med. Sciences.*

On the Prevention of Epileptic Seizures.—Professor H. Nothnagel, of Jena, records (Berliner Klinische Wochenschrift) the case of a married working woman, aged thirty-seven, whose mother was subject to violent headaches, and whose aunt was an epileptic. The patient herself, after a severe mental shock, became an epileptic in her eighteenth year. Ever since, at intervals, for the most part, of a quarter to half a year, she has been troubled with epileptic fits, which seem, from the description, to have been typical and severe. Each fit is preceded by an aura, which consists in peculiar and uneasy feelings, beginning in the epigastrium and mounting to the throat. There was a feeling of suffocation mixed with an indescribable but horrible sensation. She is then forced to sigh, and after once or twice doing this the feeling mounts to the head, which is then drawn to the right side; she loses consciousness and the fit commences. She only had these feelings once without a fit. But, following the advice of a neighbor, she has discovered a means of stopping the fit, if only she can get the remedy as soon as she feels the aura. The remedy consists in swallowing common salt. Generally speaking, a half or even whole teaspoonful is not enough. She generally puts a "handful" in the mouth and swallows it by the help of water. Professor Nothnagel, commenting on this case and on the means mentioned by Brown-Séquard and others of stopping some epileptic attacks, refers to his article "Epilepsie" in Ziemssen's Handbook (Band xii) and his "Beobachtungen über Reflexhemmung," Archiv für Psychiatrie und Nervenkrankheiten (Band vi). There is, however, a *chemical view* which has scarcely been noticed, for nearly all the so-called remedies are either haloid salts or have a similar though more compound type of formation.—*London Medical Record.—Ibid.*

Compound Tincture of Iodine.—The following is the formula for this preparation:

℞	Iodine.....	℥iv;
	Iodid. potass.....	℥j;
	Alcohol.....	Oj. M.